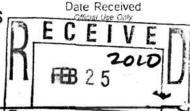
CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

10 FEB 25 APPublic Document



Please type or print in ink.

<u> </u>
PTIONAL: E-MAIL ADDRESS

1. Office, Agency, or Court		
Name of Office, Agency, or Court:		
CA State Assembly		
Division, Board, District, if applicable:		
59th Assembly District		
Your Position:		
Assemblymember		
▶ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)		
Agency:		
Position:		
Jurisdiction of Office (Check at least one box)		
State		
County of		
City of		
Multi-County Los Angeles and San Bernardino ■ Los Angeles and San Bernar		
Other		
3. Type of Statement (Check at least one box)		
Assuming Office/Initial Date:		
Annual: The period covered is January 1, 2009, through December 31, 2009.		
-or-		
O The period covered is, through December 31, 2009.		
Leaving Office Date Left:/		
O The period covered is January 1, 2009, through the date of leaving office.		
-or-		
O The period covered is through the date of leaving office.		
Candidate Election Year:		

161316
4. Schedule Summary
➤ Total number of pages including this cover page:
▶ Check applicable schedules or "No reportable interests."
I have disclosed interests on one or more of the attached schedules:
Schedule A-1 Yes – schedule attached Investments (Less Iran 10% Ownership)
Schedule A-2 Yes – schedule attached Investments (10% or Greater Ownership)
Schedule B Yes – schedule attached Reai Property
Schedule C Yes – schedule attached Income, Loans, & Business Positions (Income Other than Gills and Travel Payments)
Schedule D Income - Gifts Yes - schedule attached
Schedule E Yes - schedule attached Income - Gilts - Travel Payments
-or-
No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

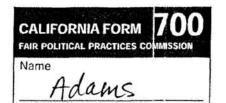
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

25/2010

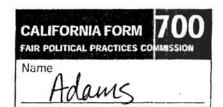
Signerure

SCHEDULE D Income - Gifts



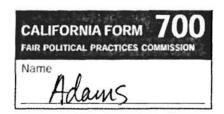
DAKTURE PARINA ASSOCIATION	NAME OF SOURCE
Oak Tree Racing Association ADDRESS (Business Address Accordable) 20 5 W. How Fire to Dr. Dr. Br. Lochill According (H	ADDRESS (Business Address Acceptable) 1215 KSt. Ste. 1800 Sacramento, L'A 95814
285 W. Hunfington Dr. 70 Bux 10014 Arcaclia, CH BUSINESS ACTIVITY, IPANY, OF SOURCE 91066	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (ministry) VALUE DESCRIPTION OF GIFT(S)	Communications DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
9,309,108.00 Admission, parking, lunch	8,2409 :113.00 ticket, food+Beverage
	\$
NAME OF SOURCE	NAME OF SOURCE
Citrus College Foundation	CA Correctional Peace Officers Assoc.
1000 W. Faithell Rivd. Gendora, CA 91741 BUSINESS ACTIVITY, IF ANY, OF SOURCE	735 Riverpoint Br. West Sacramento, CA95605 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Community College	Public Safety
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	3,12,09, 164,94 Basketball tikets
	5) 10 10 ; 10 10 10 partitude 10 cc 1
10,4,09,75.00 Dinner for wife	
Walt Disney Company	CEP America Med America, Inc.
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
500 S. Buera Vista Burbank (A 9752) BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
entertainment	
DATE (mm/dd/yy) VALUE CESCRIPTION DF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION DE GIFT(S)
3,24,09,282.00 tickets	3,17,09,183.60 Dinner
	s
s	
Comments:	

SCHEDULE D Income - Gifts



Cal Chamber	Entertainment Software Assoc
ADDRESS (Business Address Acceptable) +5 KSt. Ste. 1400 Sacramento, CA 95814 BUSINESS ACTIVITY, IF ANY, OF SOURCE	5767th St. Ste-300 Washington D.C. 5 BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/ed/yy) VALUE DESCRIPTION OF GIFT(S) 3 124,09 240.87 Reception
NAME OF SOURCE CA Tribal Business Alliance ADDRESS (Business Address Acceptable)	NAME OF SQURCE Southern CA Edison ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	PO. BOX 800 2244 Walnut Grove, Rosenlead, BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 1 H,09 ,88.77 Reception	DATE (mm/dd/yy) VALUE OF DESCRIPTION OF GIFT'S) 11,12,09,71.00 Ticket
	12,17,09,14.50 omament
► NAME OF SOURCE	NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT'S)
\$	
s	
Comments:	

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements



- · Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.

City of LOS Angeles	► NAME OF SOURCE
City of LOS Angeles ADDRESS (BUDINESS Address Acceptable) 1400 K Street, Rm. 208	ACDRESS (Business Address Acceptable)
Sacramento, CA 95814	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 1 1 09.12 31.09 AMT: \$ 1420.00	DATE(S):/
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
Shuffle	DESCRIPTION:
NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):/ AMT: \$	DATE(S):/ AMT: \$
	(ić oppiscable)
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION:	DESCRIPTION:
1	
Comments:	

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

Election Year. __

Candidate

STATEMENT OF ECONOMIC INTERESTS

Date Received

1973 COMMICOVER PAGE

A Públic Document

time or print in ink

NAME	(LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Adams		Anthony	Thomas	
MAILING AD	DDRESS STREET ddress Acceptable)	СІТҮ	STATE ZIP CO	DDE OPTIONAL: E-MAIL ADDRESS
1. Offic	ce, Agency, or C	ourt	4. Schedule Sum	mary
	of Office, Agency, or Counte Assembly	urt.	➤ Total number of pagincluding this cover	
	, Board, District, if appli ssembly District	cable:	➤ Check applicable sch interests."	hedules or "No reportable
Your Po	sition:		I have disclosed inter attached schedules:	ests on one or more of the
► If filing	그래요 내 얼마나 아니라 아프 아이들이 아니라 아니라 아니라 아니라 아니라 아니라 아니다.	list additional agency(ies)/ ate sheet if necessary.)	Schedule A-1 Ye	
*******			Schedule A-2 Ye Investments (10% or Great	
Position:			Schedule B	s - schedule attached
2. Juris	sdiction of Office	(Check at least one box)		s – schedule attached ess Positions (Income Other than Gifts
State	ty of		Schedule D X Yes	s schedule attached
☐ City o	of		Schedule E 🗵 Yes	s schedule attached
(<u>100</u>)			3	-or-
3. Type	of Statement (c	theck at least one box)	No reportable interes	ests on any schedule
Assur	ming Office/Initial	Date:/	5. Verification	
throug		Control and Contro	statement. I have reviewe	nable diligence in preparing this ed this statement and to the best of nation contained herein and in any se and complete.
☐ Leavi	cember 31, 2009. ng Office Date Left ck one)			perjury under the laws of the State regoing is true and correct.
O Th	C. A 48 D	uary 1, 2009 through the	Date Signed	10
	-or-			
	e period covered is date of leaving office.	/, through	Signature	lly signed statement with your filing official.)





AMENDMENT

10 APR 25	SCHED SOMPASSION Income		LIFORNIA FORM 700 POLITICAL PRACTICES COMMISSION AMENDMENT
NAME OF SOURCE		► NAME OF SOURCE	
Oak Tree Racing Associatio	on.	AT&T	
ADDRESS (Business Address Acceptati		ADDRESS (Business Address Accept	lable)
285 W. Huntington Dr. PO B		1215 K St. Ste. 1800 Sacra	
BUSINESS ACTIVITY, IF ANY, OF SOU	AND RESIDENCE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN THE PERSON NAMED IN COLUMN TWO IS NAMED IN THE PERSON NAMED IN	BUSINESS ACTIVITY, IF ANY, OF SO	The state of the s
Racing		Communications	
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)
9 , 3 , 09 \$ 108.00	Tickets/parking/lunch	8 24 09 s 113.00	ticket, food, beverage
s		s	
		\$	
NAME OF SOURCE		NAME OF SOURCE	
Citrus College Foundation		California Correctional Pea	ce Officers Association
ADDRESS (Business Address Acceptable	ile)	ADDRESS (Business Address Accept	able)
1000 W. Foothill Blvd. Glend	lora, CA 91741	1455 Response Rd. Ste. 1	90 Sacramento, CA 95815
BUSINESS ACTIVITY, IF ANY, OF SOU	RCE	BUSINESS ACTIVITY, IF ANY, OF SC	URCE
Community College/ education	on	Public Safety	
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)
10 4 09 s 75.00	dinner	3 / 12 / 09 s 164.94	Basketball tickets
10,4,09 _{\$ 75.00}	dinner for spouse	s	
// \$			
NAME OF SOURCE		Verification	
Walt Disney Company			
ADDRESS (Business Address Acceptable	е)	Print Name	
500 S. Buena Vista Burbank	c, CA 91521	Office, Agency	
BUSINESS ACTIVITY, IF ANY, OF SOUR	RCE		and files and an area
entertainment		Statement Type 2009/2010 Ar	nnual Assuming Leaving Candidate
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)		655, 974.1
3 21 09 \$ 282.00	tickets	I have used all reasonable diligence i reviewed this statement and to the bes contained herein and in any attached	it of my knowledge the information
/ S	at the transfer of the transfe	I certify under penalty of perjury California that the foregoing is tru	e and correct.
		Date Signed	fit, day, year)
		Signature	

Comments: ___

SCHEDULE D Income – Gifts



CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

NAME OF SOURCE		► NAME OF SOURCE				
CEP America / MedAmerica	a Inc.	CalChamber				
ADDRESS (Business Address Acceptable) 2100 Powell St. Ste. 900 Emeryville, CA 94608 BUSINESS ACTIVITY IF ANY, OF SOURCE		ADDRESS (Business Address Acceptable) 1215 K St. Ste. 1400 Sacramento, CA 95814 BUSINESS ACTIVITY IF ANY, OF SOURCE				
				Medical Advocacy		Business Advocacy
				DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
0 17 00 100 00	area a	0 44 00 54.05 4'222				
3 17 09 s 183.60	dinner	6 11 09 s 54.05 dinner				
		. s				
		\$				
NAME OF SOURCE		► NAME OF SOURCE				
Entertainment Software Ass	ociation	California Tribal Business Alliance				
ADDRESS (Business Address Acceptate	ACRES .	ADDRESS (Business Address Acceptable)				
576 7th St. Ste. 300 Washin		1530 J St. Ste. 250 Sacramento, CA 95814				
BUSINESS ACTIVITY, IF ANY, OF SOL	RCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE				
Entertainment		Tribal organization				
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)				
3 24 09 \$ 210.87	Reception	1 14 09 s 88.77 Reception				
\$						
NAME OF SOURCE		Verification				
Southern California Edison						
ADDRESS (Business Address Acceptable)	le)	Print Name				
PO Box 800 2244 Walnut (Grove Rosemead, CA	Office, Agency				
BUSINESS ACTIVITY, IF ANY, OF SOU	RCE	Statement Type 2009/2010 Annual Assuming Leaving				
Energy		Annual Candidate				
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	I have used all reasonable diligence in preparing this statement. I have				
11,12,09 \$ 71.00	ticket	reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.				
12 / 17 / 09 s 16.50	ornament	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
		Date Signed				
		Signature				

Comments: _____

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements



- Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.

NAME OF SOURCE	NAME OF SOURCE
City of Los Angeles	
ACDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1400 K St. Rm. 208	
CITY AND STATE	CITY AND STATE
Sacramento, CA 95814	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Airport / Travel	
DATE(S): 1 / 1 / 09 - 12 / 31 / 09 AMT: \$ 1,420.00	DATE(S):
TYPE OF PAYMENT: (must check one) 🗵 Gift 🗌 Income	TYPE OF PAYMENT: (Inust check one) Gift Income
DESCRIPTION: Airport Parking and Shuttle	DESCRIPTION:
NAME OF SOURCE	Verification
ADDRESS (Business Address Acceptable)	Print Name
CITY AND STATE	Office, Agency or Court
(Statement Type 2009/2010 Annual Assuming Leaving
BUSINESS ACTIVITY, IF ANY, OF SOURCE	Annual Candidate
	I have used all reasonable diligence in preparing this statement, I have
2000 / / / / / / /	reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
DATE(S):/	I certify under penalty of perjury under the laws of the State of
400	California that the foregoing is true and correct.
TYPE OF PAYMENT. (must check one) Gift Income	Date Signed
DESCRIPTION:	(month, day, year)
0130 (II 1131)	Signature
	Oignature
Comments:	